Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical ESI at C4-5 and C5-6 with IV sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male with an injury date of XX/XX/XX.

XX/XX/XX: Operative report. ESI to the C5-C6 junction.

XX/XX/XX: Operative report. Postoperative Diagnoses: Intractable back and left lower extremity radicular pain. ESI to the C5-C6 junction.

XX/XX/XX: MRI Cervical WO Contrast. **Impression:** Developmentally small caliber spinal canal exacerbated by degenerative changes. This causes severe central spinal canal stenosis and severe bilateral neural foraminal stenosis at multiple levels, especially C5-6 and C6-7.

XX/XX/XX: Surgery note. **Current Medications:** hydrocodone, promethazine, Xanax, zolpidem codeine. Received cervical/thoracic injection.

XX/XX/XX: Office visit. Follow up Cervical ESI with 90% improvement. The pain level is 1. Need for pain meds has not changed. The pain interferes with sleep less than previously. Mobility is improved. Gait and station is normal. Tenderness off midline bilaterally in a symmetrical distribution in the trapezius-mild. Active ROM. Flexion-restricted, posterior neck pain bilaterally – mild. Left lateral rotation-restricted posterior neck pain bilaterally-mild. Nerve and spinal cord tension-compression signs. Spurlings Maneuver is positive with reproduction of pain into right upper extremity, is positive with reproduction of pain into left upper extremity.

XX/XX/XX: Office visit. Follow up to discuss getting an injection. Pain scale 8/10. The pain interferes with sleep

more than previously. Mobility is worse.

XX/XX/XX: Progress notes. Claimant continues to complain of neck pain and LUE pain. He has always done well with ESI but was denied. He has had the procedure done multiple times and has always had at least 50% improvement in his pain usually lasting 6-12 months.

XX/XX/XX: Operative report. **Postoperative Diagnoses:** 1. Intractable back and left upper extremity radicular pain. 2. C5-C6 disk protrusion. Procedure: Cervical ESI. Epidurogram.

XX/XX/XX: Office visit. Cervical ESI with 80% improvement. Pain level 3/10. The pain interferes with sleep less than previously reported. Mobility improved. **Assessment:** C5-C6 disc disorder with radiculopathy.

XX/XX/XX: Office visit. 5 month follow up. Would like ESI. Reported neck pain, LUE pain with tingling and numbness. Does well with ESI and would like to repeat. Claimant continues to work every day. Pain level 8/10. Mobility is worse. Interferes with sleep.

XX/XX/XX: UR. Rationale for denial: The MRI showed osteophytes, cord impingement and severe stenosis at multiple cervical levels. The injection is not medically necessary as any side or level is documented for this. ODG no longer supports intermaninar ESIs due to risks associated with the procedure. There is no indication for sedation typically with this and sedation is not supported, as it can blunt the patient's response to potential complications that can occur.

XX/XX/XX: Office visit. Claimant reported flare up of severe neck pain, LUE pain. Has had many CESI and gets relief each time. Again, denied by WC. Would like new imagine and PT. Pain is much more severe. Pain level 9/10. Need for pain meds has increased. The pain interferes with sleep and more than previously. Mobility is worse. Musculoskeletal: Gait and station is normal. Tenderness off midline bilaterally in a symmetrical distribution in the trapezius-mild. Active ROM. Flexion-restricted, posterior neck pain bilaterally – mild. Left lateral rotation-restricted posterior neck pain bilaterally-mild. Nerve and spinal cord tension-compression signs. Spurlings Maneuver is positive with reproduction of pain into right upper extremity, is positive with reproduction of pain into left upper extremity. (Patient able to undergo exercise testing and or participate in exercise program). **Plan:** He has several levels of cerv disc protrusion, C5-C6 is the worse. He has always done very well with CESI and it is frustrating and wasteful of time to be denied by work comp. Will resubmit for CESI left lateral recess at C5-C6. Will get new imaging. Begin PT.

XX/XX/XX: UR. Rationale for denial: Cervical ESI at C4-5 and C5-6 with IV sedation is not medically necessary. There are no indications whether the planned procedure involves particulate injectate or not. Finally, there is no indication, such as severe anxiety, that IV sedation would be medically necessary.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

The previous determination has been upheld. MRI showed osteophytes, cord impingement and severe stenosis at multiple cervical levels. The injection is not medically necessary as there is no documentation of side or leve for this. ODG no longer supports intermaninar ESIs due to risks associated with the procedure. There is no indication for sedation typically with this and sedation is not supported, as it can blunt the patient's response to potential complications that can occur. Therefore, this request is non-certified.

ODG Guidelines:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs).
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
(4) *Diagnostic Phase:* At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.
(5) No more than two nerve root levels should be injected using transforaminal blocks.
(6) No more than one interlaminar level should be injected at one session.
(7) *Therapeutic phase:* If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(9) Current research does not support a routine use of a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.
(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ **ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**
- ☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- ☐ **DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- ☐ **INTERQUAL CRITERIA**
- ☒ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- ☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- ☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- ☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- ☐ **TEXAS TACADA GUIDELINES**
- ☐ **TMF SCREENING CRITERIA MANUAL**
- ☐ **PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- ☐ **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**